

APPLICATION FOR COUNTY OF EL DORADO BOARD OF SUPERVISORS BOARD, COMMISSION, OR COMMITTEE

Clerk of the Board of Supervisors 330 Fair Lane, Placerville, CA 95667 (530) 621-5390 | edc.cob@edcgov.us

Board or Commission Applying For Veteran Affairs	Vacant Position or Title District 3 Alternate	
First Name Stephanie	Last Name Carlson	
Email Address		
Primary Residential Address	Residential City Diamond Springs	Residential ZIP Code 95619
Daytime Telephone	Mobile Telephone	
Occupation/Title Health Educator	Employer El Dorado County - Health and Human Services Agency	
List all County boards, commissions or committees to which you are/were appointed. Please include dates of service. N/A		
Summary of qualifications I am a Veteran, honorably discharged and have been a member of American Legion Post 119 for over 10 years. I have held several classes for Veteran groups on stigma, suicide prevention, trauma and substance use. I have been providing lesbian, gay, bisexual, transgender and questioning/queer (LGBTQ+) education in the community for over 7 years. My goal is to educate others on why diversity, equity and inclusion is important for a stronger community. I am involved in the community after running a small business in Placerville for over 14 years.		
Affiliations with professional and/or community groups Board VP Big Brothers, Big Sisters of Northern Sierra Board member of Summitview Affiliated with Imagination Theater Member of American Legion Post 119		
Why do you seek appointment? I think it is important to have diverse ideas and representation on commissions and boards and the current commission is all male. Women make up approximately 10% of the overall Veteran population and are woefully under-represented in El Dorado County's Veteran Commission. I also believe they are all heterosexual, cisgender males.		
Additional Information (no value entered)		
If known, indicate the member of the Board of Supervisors who will receive a copy of this application Wendy Thomas		
File Attachments (no attachments added)		
Signature of Applicant*	Date	
* You consent and agree that you are signing this document electronically. You further agree that your electronic signature is as valid as if you manually signed the document in writing. ID: 156, URL: https://www.edcgov.us/Government/BOS/CommissionsAndCommittees/Pages/Application-Form.aspx		